

FILED**JUN 11 2018**

RORY L. PERRY II, CLERK
U.S. District Court
Southern District of West Virginia

Attachment A - Bivens Complaint formUNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIASarah L SnyderFPC ALdersonFederal Prison CampGlen Ray Rd Box A(Enter above the full name of the plaintiff
or plaintiffs in this action)Alderson W.V. 24910

v.

Lakin Correctional CenterW.V.Division of Corrections C/o John H BoothroydAssistant Attorney General1409 Greenbrier StCharleston W.V. 25311(Enter above the full name of the defendant
or defendants in this action)09822087

(Inmate Reg. # of each Plaintiff)

CIVIL ACTION NO. 3:18-1021

(Number to be assigned by Court)

Defendant(s).

COMPLAINT**I. Parties**

A. Name of Plaintiff:

Sarah L Snyder

Inmate No.:

09822087

Address:

Federal Prison Camp FDC AldersonGlen Ray Rd Box AAlderson W.V. 24910

B. Additional Plaintiff(s) (provide the same information for each plaintiff as listed in Item A above).

Name of Plaintiff: _____

Inmate No.: _____

Address: _____

Name of Plaintiff: _____

Inmate No.: _____

Address: _____

C. Name of Defendant: Lakin Correctional Division of Corrections

Position: State Prison System

Place of Employment: W.V.

D. Additional Defendant(s) (provide the same information for each defendant as listed in Item C above):

Name of Defendant: _____

Position: _____

Place of Employment: _____

Name of Defendant: _____

Position: _____

Place of Employment: _____

II. Place of Present Confinement

Name of Prison/Institution: FPC Alderson

A. Is this where the events concerning your complaint took place?

Yes _____ No X

If you answered "no," where did the events occur? _____

Lakin Correctional Center W.V.

B. Is there a prisoner grievance procedure in this institution?

Yes X No _____

C. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes X No _____

If you answered "no," explain why not: _____

If you answered "yes," what was the result at level one, level two and level three (attach grievances and responses): _____

Denied Time to file expired

III. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise related to your imprisonments?

Yes X No _____

B. If your answer to A is "yes," describe the lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.

1. Parties to the previous lawsuit:

Plaintiff(s): Sarah Snyder

Defendant(s): Division of Corrections

2. Court (if federal court, name the district; if state court, name the county);

Court of Claims, Charleston W.V.

3. Docket Number: CC-17-0551

4. Name of judge to whom case was assigned: J. David Cecil ^{Commissioner}

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

Can be settled in state or federal Court

6. Approximate date of filing lawsuit: 9-5-17

7. Approximate date of disposition: 4-27-18

IV. Statement of Claim

State here, as briefly as possible, the facts of your case. Describe what each defendant did to violate your constitutional rights. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets of paper if necessary.)

I was a Inmate at Lakin Correctional Center for I believe 45 Days. May 6Th - May 26th I was having Severe Menstral cycle To where I was having un Controlable bleeding. During This Time, I tried To get Medical help from Medical Staff, Each Time I was Told nothing wrong with me Just normal cycle, I was passing out, Sent To medical From work Staff and

II 2

III. STATEMENT OF CLAIM(S)

State here the FACTS of your case. State how you believe your constitutional rights were violated. Describe how each Defendant violated your rights. And set forth the dates on which each event took place. Do not make legal arguments or cite cases or statutes. However, identify the constitutional right(s) you allege was/were violated. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs.

Officers Both even Sent me back to unit with out seeing me, I was getting Real Sick from Lose of Blood.

June 9th 2015 was called To medical for follow up by a Staff member who I had never seen before.

I told her what was wrong. I was very sick. Couldn't hardly walk. Big Sore on my tongue, skin was grey looking. She checked my blood count it was 5.4. Was Roshed to

Pleasant Valley Hospital where I was given 4 units emergency blood. Was told I would have been dead. The next day, blood count after that was 10.0. Was in hospital from June 9th-June 12th in a ICU room. Due to being a prisoner

#3

III. STATEMENT OF CLAIM(S) continued

I was never Really Told
What was wrong. I was
Parolled out June-15-2015
Bop Sent me To FCI Carswell
a Medical Center in Texas for
Further Care. But after Coming
To W.V. To FPC Alderson I
Find out why I was Bleeding
I am Classified as a Cin 1 1st
Stages of Cervical Cancer

If Lakin Had Properly Cared for
me while I was There I would
not have been dealing with what I
am now.

State ID# 351-6789

Sarah Snyder

IV. RELIEF

State exactly what you want the Court to do for you. (If you seek relief which affects the fact or duration of your imprisonment (for example: release from illegal detention, restoration of good time, expungement of records, release on parole), you must also file your claim under 28 U.S.C. §§ 2241, 2254 or 2255.) The Plaintiff(s) want(s) the Court to:

- award money damages in the amount of \$ \$500,000.00
- grant injunctive relief by _____
- award punitive damages in the amount of \$ \$1,000,000.00
- other: _____

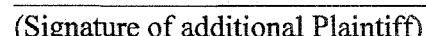
V. DECLARATION UNDER PENALTY OF PERJURY

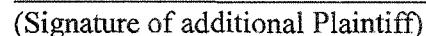
(each Plaintiff must sign for him/herself)

I, the undersigned, declare under penalty of perjury that the information contained in this document is true and correct.

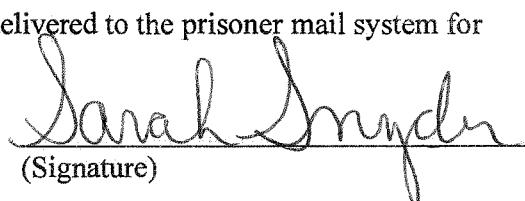
This 1 day of June, 2018


(Signature of Plaintiff)


(Signature of additional Plaintiff)


(Signature of additional Plaintiff)

I hereby certify that a copy of this complaint was delivered to the prisoner mail system for mailing on 6-1-18.


(Signature)

⇒09822-087⇒

Sarah Snyder
09822-087 UNIT A3
PO BOX BOX A
Federal Prison CAMP
Alderson, WV 24910
United States



U.S. POSTAGE
PAID
ALDERSON, WV
24910
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⇒09822-087⇒

Southern US District Court
Suite 2400
300 Virginia STE
Charleston, WV 25301
United States

